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REPORT ON OBSTETRICS

TO THE

American Institute of Homœopathy,

BY

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As Chairman of the Bureau of Obstetrics, I have endeavored to secure the co-operation of all its members, in the preparation of a report that should embody the views and suggestions of all. But having as yet received no communication from any of my colleagues, they can, in no way, be considered as either responsible for, or even authorizing, any thing contained in this paper.

And from the fact that I am thus compelled to act alone, and from the pressure of other duties, I have preferred, instead of making a formal and elaborate report, simply to invite the attention of the Institute to a few subjects connected with the general practice of Obstetrics, which have appeared to me to have been overlooked entirely, or, at least, to have failed to receive the consideration their importance demands.

I. And, in the first place, I would invite attention to the great suspensory ligament of the uterus in its relation to uterine displacements. To every member of the profession it is well known that the peritoneum invests every viscus and organ in the abdominal cavity, and that it acts as the grand suspensory ligament to each and all of them.

The peritoneum, passing down on the inner surface of the parietes of the abdomen, and over the fundus of the bladder to the lower fourth of the uterus, is reflected upon and covers all the superior three-fourths of the anterior surface of this organ, its fundus, and its entire posterior surface, and from thence extends to the rectum, &c. The uterus is thus seen to be enclosed in an almost complete fold of the peritoneum, which is itself firmly attached to the abdominal parietes in every direction. At the same time, from the peculiar character and mode of arrangement of this means of support, the uterus itself is capable of moving in every direction, except downwards, with great freedom, and without experiencing either loss of tone in its attachment or becoming unstable. But it is certain that the uterus cannot sink below its proper level, either perpendicularly or by being anteverted or retroverted, without injury to the natural tension or proper tonicity of its support. Consequently, the uterus cannot be displaced so long as the peritoneum is in a normal state. And in order to cause the displaced uterus to resume its natural position, we have but to administer such medicines as shall restore the normal condition of the peritoneum. When there are me-

chanical obstructions, mechanical means must of course be employed to reduce the displacement. Thus, in retroversion, the fundus uteri may become so engaged beneath the promontory of the sacrum, and in anteversion, beneath the pubic arch; or otherwise so much displaced, as in extreme *procidentia*, that it may require the use of the finger, the hand, and even of an instrument, to restore it to its normal position. When this is done, we have but removed the mechanical hindrances to a radical cure of the case. For the disease does not in any instance consist in the condition of the womb itself, which may be perfectly healthy, or in the displacement which we have already abolished, for the moment; but in the cause which originally produced the displacement, and which, if not remedied, will infallibly produce it again. This cause will be found in the loss of tone or other morbid state of the peritoneum, or great suspensory ligament. And the morbid state of this extensive and complicated organ, instead of being a mere local weakness, will, in the great majority of cases, be found to be either the natural consequence of general debility, or, as is still oftener the case, the express development of some chronic disease, of some constitutional dyscrasia. It is from such considerations we object *in toto* to the entire class of pessaries and abdominal and uterine supporters. The exhibition of massive doses of morphine, in our opinion, does not more effectually obscure the symptoms of a neuralgic affection,—which it might indeed palliate, but which it could never cure,—than does the use of pessaries, supporters, &c., render impossible the radical cure of uterine displacements in the great majority of cases. They have had their day, and in the clearer light of pure Homœopathic treatment, they are cast into the shade, seen to be useless and even worse than useless.

The philosophy of the above mode of treatment is beautifully exemplified in the cure of hernias, even when incarcerated. By means of the indicated remedy, the inflammation is reduced, the peritoneum returns to its normal condition and position, carrying back with it the displaced portion of intestine.

The same principles of strict Homœopathic treatment apply also to all the various organic diseases of the uterus itself, and of its appendages. All the several forms of ulceration of the cervix and of the vagina, and all the various leucorrheal discharges from these organs, are far more successfully treated by the exclusive use of the properly selected Homœopathic remedy. No topical application of any kind or sort whatever should be used. Even the injection of simple

cold water into the vagina for any purpose whatever is decidedly objectionable, and should not be allowed. The more strictly we rely upon the real Hahnemannian principles for the medical treatment of women, from birth to the climacteric period, the more comfortable shall we render the lying in chamber, and the more certainly shall we provide for the best good of their offspring. In illustration of these principles, and in confirmation of the strict observance of them here recommended, innumerable cases could be adduced in which the most extreme suffering in childbed, where such treatment had not been enforced, has been converted into easy and almost painless deliveries by the careful employment of Homœopathic treatment from the commencement of pregnancy.

II. Secondly, your committee take great pleasure in announcing that it is becoming more and more apparent every day that entire reliance may be placed upon the properly selected medicines in all cases of retained placenta; and that this is equally true, whether the retention occur from want of contraction of the uterus, or from irregular, spasmodic or hour-glass contractions, — however painful and protracted these disorders may be.

It has been confirmed, by much experience, that the hitherto frightful complication of puerperal convulsions is no longer to be feared by him who has learned to apply the properly selected Homœopathic remedy. This, indeed, is a noble triumph of our art.

And in cases of puerperal hemorrhage, we are no longer reminded of the tampon, the cold douche, or the insertion of ice, as the most efficient agents; since we feel perfectly safe in our certainty of the efficiency of Ipecacuanha, Sabina, Chamomilla, Belladonna, Secale c., Pulsatilla, China, or whatever other medicine may be indicated by the particular condition and symptoms of our patient.

In placenta prævia,—that hitherto most fearful complication which can arise in the practice of Obstetrics,—the members of the Institute and of the profession at large, have reason to rejoice that the great boon, the *ne plus ultra* of a proper method of treatment, has at last been found and proved to be perfectly reliable. We allude to the method proposed by Dr. D. Wielobycki, as described in the fourth volume of the British Journal of Homœopathy, pages 43 and 395.

This method consists in simply puncturing the membranes, through the placenta, by means of a female catheter, thereby evacuating the liquor amnii. This is to be done when labor is really advancing, or when no more blood can be lost without compromising the life of the patient. The fearful hemor-

rhage subsides from the moment the liquor amnii commences to flow, and in a few moments more it ceases entirely,—by reason of the uterus retracting upon itself, and thereby shutting up the patulous orifices of the blood-vessels. As labor advances the child is now forced through the placenta, and delivered as in all normal cases.

If the woman is in labor at our first visit, we do not wait for the catheter, but, with the finger, seek out a sulcus between the cotyledons of the placenta; and, during a pain, plunge through the membranes, taking care to allow the liquor amnii to pass off very slowly, in order that a prompt retraction of the uterine fibres may shut up the thousands of bleeding pores. By this simple means, all mothers are universally saved, and nearly all the offspring. And we avoid the fatality of the old, painful and distressing method, that of forcing the hand between the placenta and the uterus for the purpose of seizing the feet—a fatality more fearful than that of the deadly yellow fever of Gibraltar, the malignant cholera, or the plague of Smyrna, even under the allopathic practice.

III. Thirdly, your committee would beg leave to enter an earnest protest against the use of anæsthetics in labor, and to urge in support of this protest the following reasons:

1. Parturition is the last act of the grand function of reproduction. That parturition is functional no one will pretend to deny,—then why treat it as a mere surgical operation, and place the pretended subject under the influence of chloroform, thus abusing and degrading one of the most exalted, one of the most sacred functions of humanity?

2. Whilst under the influence of anæsthesis, no opportunity is afforded for morbid conditions to become manifest in the fulfilment of this function, and, of course, no prescription can be made, no matter how much it really may be needed. The welfare of both mother and child may now be sacrificed, whereas under more favorable auspices the real condition becomes manifest, affording indications for Nux vomica, Chamomilla, Kali c., Ipecacuanha, Coffea, Pulsatilla, Opium, Belladonna, Gelseminum, or for some other medicine, which might contribute to save the lives of both mother and child.

3. By careful study and observation of the parturient woman, much has been learned for her benefit respecting the administration of medicines, and we are only just upon the threshold of what may yet be discovered in this department of our most noble art. But the administration of anæsthetics strikes a death-blow at further improvement in this direction, and will even cause what we already know to fall into disuse.

IV. In the fourth place, your committee would remark that the custom of bandaging recently delivered women has been so long and so generally observed that it might seem out of the question to object to it; and yet I am fully convinced that it is a custom which is injurious rather than beneficial, and one which will ere long be abandoned by all thinking and practical physicians.

The fact that many women make a good recovery in spite of the bandaging, by no means proves that this application is either necessary or even useful.

Our reasons for believing it to be both unnecessary and in many cases absolutely injurious, will now be briefly stated:

1. On reference once more to the natural position of the uterus and to its suspensory ligament, it will be observed that the bandage has the effect to so elevate the fundus as to threaten its retroversion, and at the same time to favor its more ready descent into the pelvic cavity, thus causing prolapsus and finally procidentia.

2. The real object sought to be obtained in bandaging, viz., to lessen the size of the abdomen after parturition, is actually defeated by the means used. For the natural disposition of all muscular structures to contract is absolutely weakened and diminished by the introduction of artificial means, a fact generally admitted. Indeed, we know from observation on a large scale, that the "pot-bellied women" are found mostly among those who have taken the most pains in bandaging during their lying-in period.

3. But the most serious objection to the use of bandages for lying-in women is found in their tendency to cause irritation and to impair the circulation. And we think that this influence may even lead to the establishment of puerperal inflammation. What else could be expected, when the abdomen of the recently delivered woman—which, with all its contents, is in a bruised and tender condition—is compressed tightly together and so confined by a heavy and cumbersome bandage? Is not such a method of procedure contrary to reason and incompatible with sound judgment?

By many, as well as by myself, this practice of dispensing with the bandage has been fully tested, found to be far more comfortable to the patient and promotive of a more rapid convalescence. In women heretofore troubled with prolapsus soon after rising from their lying-in period, no symptoms of the kind now manifest themselves, since, unrestrained by the bandage, and entirely uninterfered with, the uterus is allowed to resume its normal position in a perfectly natural manner.